

#### Form CPF M101: STATEMENT OF ORGANIZATION **CANDIDATE'S COMMITTEE MUNICIPAL FORM**

Office of Campaign and Political Einance BROOKLINE

candidate's commi	ttee as follows: Full Name:	Chaven El-	ranhara	***		******		
CZII(DZDZZZZZ		Steven Eh				***************************************		
	Residential Address		s Rd. #1					
	City / State / Zip:	Brookline				MA	02446	
	E-Mail Address: si	ehrenberg@	gmail.com			Phone #:	917-450-5	
	Party Affiliation:							(If applicable)
OFFICE SOUG	HT/PURPOSE:							
	Title:	Brookline	School Committe	e	***************************************	***************************************		
	District:							
COMMITTEE:	Name of Committee:					- I - DE TOUR - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,	
	Committee Mailing A		(The name of the comm	ittee must include the	candidate's la	ast name)		
	City / State / Zip:					Phone #:		
OFFICERS:								
Chair:				Treasurer*:	Beth Gilli	gan		
Residential Address:				Residential Address	52 Kilsyt	h Rd. #3		
City / State / Zip:				City / State / Zip:	Brookline		MA	02445
Phone #:				Phone #: 860-77	78-3588	Email: bet	:h.k.gilligan@g	gmail.com
				*A public employee	may not serv	e as treasurer of an	ny political comm	ittee (see reverse).
Other Officer/Title:				Other Officer/Title:				
Residential Address:				Residential Address	:			
City / State / Zip:			····	City / State / Zip:				
Phone #:				Phone #:				
behalf. I am aware t the relevant election	he filing of this comm	nittee. I underst uired to keep de		shall not give conservecords of all campa	nt to the org	anization of mor	e than one com	
			Candidate's signat				Date:	5/14/2
that: 1) I am subject and records of all ca appointed public em committee organized	ffice of Treasurer of to certain duties and lempaign finance activity ployee, I must resign to his/her behalf.  HE PENALTIES OF	iabilities under ty for a period o this position and	M.G.L. c. 55, includ of six years from the	ing the timely filing date of the relevant	of campaig election; 2) a candidate	n finance reports if after my accep	s and keeping de otance of this of s treasurer of th	etailed accounts fice I become an
			Treasurer's signatu		v `		Date:	
	office of Chairman of HE PENALTIES OF		ed committee.					

Chair's signature

Date:



### Form CPF M101: STATEMENT OF ORGANIZATION **CANDIDATE'S COMMITTEE MUNICIPAL FORM**

Commonwealth of Massachusetts		0	ffice of Camp	oaign and Politic	<b>al Finance</b> RECEI	V£10
	Clerk or Election Commis	ssion				SOOKLINE
,			provisions of G	eneral Laws, Chapter	r 55, as amended, of the	ERK organization of a
candidate's commit	tee as follows:				2021 FEB 11	<del>DI:nb</del>
CANDIDATE:	Full Name:		<u>tt Anani</u>			, 1.00
	Residential Address:	103 Gr	iggs Roa	nd		
	City / State / Zip:	<b>Brook</b>	line, MA	02446		
	E-Mail Address:	mode	rator@cs	scott.net	Phone #:	617-233-1238
	Party Affiliation:					(If applicable)
OFFICE SOUG	HT/PURPOSE:					
	Title:	Moder	rator			
	District:					
	N					
COMMITTEE:	Name of Committee:			Moderator		
	Committee Mailing Add		Griggs R	_	ididate's fast fame)	,
	City / State / Zip:	*********		A 02446	Phone #:	617-233-1238
OFFICERS:	•	<u> </u>	<u> </u>	<u> </u>		
	C. Scott A	nanian		Treasurer*:	Andrew Sh	nalit
Residential Address:	103 Griggs	_		Residential Address:	14 Griggs 7	
City / State / Zip:	Brookline,		446	City / State / Zip:		MA 02446
_			<u> </u>	-  -	5060 Email: alm	
Phone #:	<u>617</u> -233-12	<b>5</b> 0				ny political committee (see reverse).
Other Officer/Title:				Other Officer/Title:		
Residential Address:				Residential Address:		
City / State / Zip:				City / State / Zip:		
Phone #:				Phone #:		
	(Complete an	d attach a Form C	PF M A 101, if nece	ssary, with other officers a	and finance committee, if any	7.)
behalf. I am aware the relevant election	that candidates are requ	ired to keep deta	ailed accounts and	records of all campaig	to the organization of mon	re than one committee on his/her riod of six years from the date of  Date: 2021-02-11
I hereby accept the	office of Treasurer of th	ie above-named	Candidate's signa committee. I affiri		e employee as defined by	M.G.L. c. 55, s. 13. I understand
that: 1) I am subject and records of all ca	to certain duties and lia impaign finance activity iployee, I must resign the	abilities under M y for a period of	A.G.L. c. 55, included six years from the	ling the timely filing of date of the relevant ele	f campaign finance report ection; 2) if after my accept	s and keeping detailed accounts ptance of this office I become an as treasurer of the political
SIGNED UNDER T	THE PENALTIES OF F	'ERJURY:	U_	reld	1)	Date: 2 /8/21
			Treasurer's signat	ture		
•	office of Chairman of the		l committee.			

Chair's signature

Date: 2021-02-11

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:



## Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Commonwealth of Massaelmsetts		Office of Cam	paign and Political Finance	787 TO
Pile with: City/Town	Clerk or Election Commi	ssion		
NOTICE IS HERE candidate's commit		dance with the provisions of C	ieneral Laws, Chapter 55, as amended, of the	e organization of a C
CANDIDATE:	Full Name:	Kate Poverman		
	Residential Address:	39 Adams Street		T T T T T T T T T T T T T T T T T T T
	City / State / Zip:	Brookline	MA_	02446 FT
	E-Mail Address; kp	overman@comcast.net	Phone #	617-650-3525
	Party Affiliation:	Democratic		(If applicable)
OFFICE SOUG	HT/PURPOSE:			
	Title:	Town Moderator		
•	District:	Town of Brookline		7.4
COMMITTEE:	Nune of Conunities:	Poverman2021		
	Committee Muiling Ad	(The name of the com	mittee must include the candidate's last name)	
·	City / State / Zip:	Brookline	MA 02446 Phone #:	617-216-6163
OFFICERS:				
Chair: B	Barbara Sherman		Treasurer*: Eleanor Boynton	
	2 Adams Street		Residential Address: 16 Crowninshield Road	
City/State/Zip: B	Brookline	MA 02446	City / State / Zip: Brookline	MA 02446
Phone #: 617-731	-6028		Phone #: 617-216-6163 Email: elli	le@garnet-solutions.com
			*A public employee may not solve as treasurer of a	ny political committee (see reverse).
Other Officer/Title:		**************************************	Other Officer/Title:	No. of the contract of the con
Residential Address:			Residential Address:	April 10 mars of the second se
City / State / Zip:			City / State / Zlp:	
Phone #:		Total Law Court Man And Street	Phone #: essays, with other officers and finance committee, if any	7.1
behalf. I am aware the relevant election SIGNED UNDER T	the filing of this commit that candidates are requ THE PENALTIES OF I	ittee. I understand that a candidate uired to keep detailed accounts and PERJURY:  Candidate's sign the above-named committee. I affir	e shall not give consent to the organization of mod records of all campaign finance activity for a positive ature rm that I am not a public employee as defined by	ore than one committee on his/her eriod of six years from the date of  Date: 02/26/2021  M.G.L. c. 55, s. 13. I understand
and records of all ca	impaign finance activit iployee, I must resign t	y for a period of six years from th	iding the timely filing of campaign finance report e date of the relevant election; 2) if after my acce my resignation; and 3) a candidate may not serve	plance of this office I become an
SIGNED UNDER T	THE PENALTIES OF I		yh-	Date: 02/26/2021
		Trensurer's sign	uture	

Chair's signature



CANDIDATE: Full Name:

### Form CPF M101: STATEMENT OF ORGANIZATION **CANDIDATE'S COMMITTEE MUNICIPAL FORM**

Office of Campaign and Political Finance ROOKLINE

File with:	City / Town Clerk or Election Commission	

Zoe E M Lynn

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 155, as amended, of the organization of a candidate's committee as follows:

	Residential Address:	369 Tappa	n St #4					
	City / State / Zip:	Brookline				MA	02445	
	E-Mail Address: zz	oe.email@g	mail.com			Phone #:	734-358-1	.112
	Party Affiliation:							(If applicable)
OFFICE SOUG	HT/PURPOSE:							
	Title:	Select Boa	rd Member					
	District:	At Large					,	
COMMITTEE	Name of Committee:							
COMMITTEE	Name of Committee:		nn for Select Board		1: 1-4-1-14			
	Committee Mailing Ad	duagge	The name of the commoppan St #4	ittee must include the c	andidate's last na	me)	,	
	City / State / Zip:	Brooklii	ne .	MA 02	445	Phone #:	617-835	5-6703
OFFICERS:				•			•	
	Zoe Lynn			Treasurer*:	David Klafter	•		
Residential Address:	369 Tappan St #4			Residential Address:	63 Winthrop	Rd		
- City / State / Zip:	Brookline	М	A 02445	City / State / Zip:	Brookline		MA	02445
Phone #: 734-358	3-1112			Phone #: 617-83	5-6703 Ema	il:	dbklafter@gn	nail.com
				*A public employee i	may not serve as t	reasurer of an	y political comm	nittee (see reverse).
Other Officer/Title:				Other Officer/Title:				
Residential Address:				Residential Address:				
City / State / Zip:				City / State / Zip:				
Phone #:				Phone #:				
L				sary, with other officer				
behalf. I am aware the relevant election	the filing of this commi that candidates are requ n. THE PENALTIES OF F	ired to keep de	etailed accounts and	records of all campa	it to the organiz	ation of mor	re than one corriod of six year  Date:	rs from the date of
I hereby accent the	office of Treasurer of th	ne above-name	Candidate's signat d committee. I affirr	n that I am not a pub	lic employee as	defined by	M.G.L. c. 55, s	s. 13. I understand
that: 1) I am subject and records of all cappointed public er committee organize	at to certain duties and li- ampaign finance activity inployee, I must resign the d on his/her behalf. THE PENALTIES OF I	abilities under y for a period o his position an	M.G.L. c. 55, include of six years from the d notify OCPF of my	date of the relevant of resignation; and 3)	of campaign fir election; 2) if af	nance reports ter my accep	s and keeping of tance of this o	office I become an the political
		•	Treasurer's signat	ure /			•	1 (
I hereby accept the	office of Chairman of t	he above-name PERIURY:	ed committee.	L C	<b>€</b>			



#### Form CPF M101: STATEMENT OF ORGANIZATION **CANDIDATE'S COMMITTEE MUNICIPAL FORM**

Office of Campaign and Political Finance TOWN OF BROOKLINE

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a 57

andidate's committ	tee as follows:							
CANDIDATE:	Full Name:	Miriam T. Aschk	enasy, MD					
	Residential Address:	311 Dean Road						
	City / State / Zip:	Brookline				MA	02445	
	E-Mail Address:	MiriamforBrook	line@gmail.c	com		Phone #:	617-512-3	826
	Party Affiliation:							(If applicable)
OFFICE SOUG	HT/PURPOSE:							
	Title:	Select Board Me	ember					
	District:	Town of Brookli	ne					
OMMITTEE:	Name of Committee:	Miriam Aschl	enasy for Bro	okline				
SOMMENT ILLES.	z tame or community				the candidate's last n	ame)		<del></del>
	Committee Mailing Ad	dress: 311 Dean Ro	ad					
	City / State / Zip:	Brookline		MA	02445	Phone #:	617-512	2-3826
OFFICERS:								
	liriam T. Aschkenasy	, MD		Treasurer*:	Robert D. Le	epson		
Residential Address: 3	11 Dean Road			Residential Add	dress: 36 Thorndik	e Street		
City / State / Zip: B	rookline	MA (	)2445	City / State / Zi	ip: Brookline		MA	02446
	-3826			Phone #: 61	7-308-1009 Em	nail: b	lepson36@gr	nail.com
				1	oyee may not serve as	treasurer of ar	y political comn	nittee (see reverse).
Other Officer/Title:			<del></del>	Other Officer/I	litle:			
Residential Address:				Residential Ad	dress:			
City / State / Zip:				City / State / Zi	ip:			
Phone #:		nd attach a Form CPF M		Phone #:				
behalf. I am aware t the relevant election.	he filing of this comm hat candidates are requ	ittee. I understand th uired to keep detailed PERJURY:	nat a candidate s	shall not give corecords of all co	onsent to the organi	ization of mo	e than one con	rs from the date of
			ndidate's signat		a muhlia ayanlara	o defined be-	MGI 255 2	12 Innderstand
that: 1) I am subject and records of all car appointed public em committee organized	office of Treasurer of to certain duties and le mpaign finance activit uployee, I must resign d on his/her behalf.  THE PENALTIES OF	abilities under M.G.ly for a period of six his position and noti	L. c. 55, including the control of t	ing the timely f date of the relevent resignation; and	filing of campaign f vant election; 2) if a	inance report after my acce	s and keeping of otance of this o	letailed accounts ffice I become an
	office of Chairman of THE PENALTIES OF	PERJURY:	mmittee.	ure		7	Date	219/



# Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

of Massachusetts		V 1	RECEIVEU	
*	Clerk or Election Commission		TOWN CLERK TOWN CLERK	
NOTICE IS HERE candidate's commi		th the provisions of Ge	eneral Laws, Chapter 55, as amended, of the organ	
CANDIDATE:		erie K. F	RIAS	
	Residential Address: 20	Englewood	Ave, \$302	
	City / State / Zip:		02445	
		1 1 1	e a gmail, com Phone #: 61	7-270-8946
	Party Affiliation:			(If applicable)
OFFICE SOUG	HT/PURPOSE:	* 8.		
	Title: Sch	ool Committe	e	
	District: Tow	n of Brook		
COMMITTEE	: Name of Committee:	Valerie Frias	for School Committee	
				MA 02440
	Committee Mailing Address:	o Garber,	20 Webster St. \$ 204, 0160K1	2 220 5611
	City / State / Zip:	ruelcline	nittee must include the candidate's last name)  20 Web ster St. # 204, Brook  MA 0244( Phone #: 61	7-210-8746
OFFICERS:				
Chairman:	Barbara Kamhol	2	Treasurer*: Laura Garber	e Le
Residential Address:	42 Davis Ave.		Residential Address: 20 Webster St	. ~07
City / State / Zip:	Brookline	MA 02445	City / State / Zip: Brook Inc	MA 02446
Phone #: 617 *	905-4917		Phone #: 774 - 633 - 50 Email:   au/494/	
Other Officer/Title:			*A public employee may not serve as treasurer of any polit Other Officer/Title:	ical committee (see reverse).
Residential Address:			Residential Address:	
			City / State / Zip:	
City / State / Zip:			Phone #:	
Phone #:	(Complete and attach a l	Form CPF M A 101 if nece	ssary, with other officers and finance committee, if any.)	
behalf. I am aware the relevant election	the filing of this committee. I unthat candidates are required to ke	derstand that a candidate cep detailed accounts and	shall not give consent to the organization of more than records of all campaign finance activity for a period o	n one committee on his/her f six years from the date of Date: $3/3/3/3$
		Candidate's signa		
that: 1) I am subject and records of all cappointed public er	t to certain duties and liabilities u	ınder M.G.L. c. 55, includ riod of six vears from the	m that I am not a public employee as defined by M.G.I ding the timely filing of campaign finance reports and date of the relevant election; 2) if after my acceptance y resignation; and 3) a candidate may not serve as trea	keeping detailed accounts of this office I become an
SIGNED UNDER	THE PENALTIES OF PERJURY	Treasurer's signar	thre	Date: 3 3 202
	office of Chairman of the above- THE PENALTIES OF PERJURY	named committee.	)	



#### Form CPF M101: STATEMENT OF ORGANIZATION

VI101: STATEMENT OF ORGANICIPAL FORM

TOWN OF BROOKLINE
TOWN CLERK

Office of Campaign and Political Finance

File with	City / Tow	n Clerk or	<b>Election Commission</b>
riie wim:	CILV / LOW	II CIEIK OI	Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name:	Benjamin Kaufm	nan					
,	Residential Address:	17 Kenwood Str	reet					
	City / State / Zip:	Brookline				MA	02446	
	E-Mail Address: bk	aufman617@gm	ail.com			Phone #:	6172720052	
	Party Affiliation:							(If applicable)
OFFICE SOUG	HT/PURPOSE:							
	Title:	Town Clerk						
	District:	Town of Brookli	ne					
COMMITTEE:	Name of Committee:	Committee t	o Elect Ben Kau	fman				
				nittee must include the	candidate's last name	:)		
	Committee Mailing Ad	idress: 17 Kenwood	l St					
	City / State / Zip:	Brookline		MA 02	446	Phone #:	617272	0052
OFFICERS:								
Chairman: +	leather Hamilton			Treasurer*:	Alexia Tobash			
Residential Address: 7	'5 Longwood Ave, Apt	3F		Residential Address:	17 Kenwood St			
City / State / Zip:	Brookline	MA	02445	City / State / Zip:	Brookline		MA	02446
Phone #: (207) 653	-1862			1	94-5400 Email:		lexi.tobash@gr	
				*A public employee	may not serve as tre	asurer of an	y political comm	ittee (see reverse).
Other Officer/Title:				Other Officer/Title:				
Residential Address:				Residential Address				
City / State / Zip:				City / State / Zip:	· · · · · · · · · · · · · · · · · · ·			
Phone #:			26.101.10	Phone #:	1.0	:4 :6	`	
I haraby agreent to t	Complete ar) he filing of this comm			ssary, with other officer				mittee on his/her
behalf. I am aware t	hat candidates are requ	uired to keep detail	ed accounts and	records of all campa	ign finance activit	y for a per	riod of six year	from the date of
the relevant election	HE PENALTIES OF 1	PERITIRY:		12:11	<b>*</b>			
BIGILD CIVEDIC	IEIEMETES OF	i Dia Citi.		pije for	-		Date:	3/25/2021
			andidate's signa	iture				
that: 1) I am subject and records of all ca	office of Treasurer of the to certain duties and limpaign finance activity ployee, I must resign the don his/her behalf.	iabilities under M.C ty for a period of six	G.L. c. 55, inclu- x years from the	ding the timely filing date of the relevant	of campaign finar election; 2) if after	ice reports r my accep	s and keeping do tance of this of	etailed accounts fice I become an
SIGNED UNDER T	THE PENALTIES OF	PERJURY:	Novie C	Was -			Date:	3/25/2021
		T	reasurer's signa	ture				
	office of Chairman of the PENALTIES OF		ommittee.	Her	Han			
		<del>-</del>	Chairman's signa	iture			Date:	3/25/2021